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*Facsimile Transmittal*

DATE: March 11, 2004

TO: USPTO

ATTN: EXAMINER Thuan T. Nguyen

RE: Serial No. 10/027,638

FAX: 703-872-9306

FROM: Kevin T. Cheatham

Number of Pages Sent: 4 (including this transmittal cover sheet)

ATTACHED HERETO IS A RESPONSE IN ( ) PAGES; A ONE (1) PAGE TRANSMITTAL. PLEASE CALL ME IF YOU HAVE ANY QUESTIONS.

I hereby certify that this correspondence is being sent VIA FACSIMILE to the Commissioner of Patents at fax number (703) 872-9306. Attention Office of Amendments, on:

3/11/04

(Date of Deposit)

Darla D. Kasmedo

(Name of the Person Making the Deposit)

(Signature)

PTO/SB/21

U.S. Department of Commerce  
Patent and Trademark Office  
PATENT

## AMENDMENT TRANSMITTAL FORM

Commissioner for Patents  
Washington, D.C. 20231Attorney Docket No.: 010286  
In Re Application of: Persico, et al.  
Serial Number: 10/027,638  
Filed: December 21, 2001  
Examiner: Thuan T. Nguyen  
Group Art Unit: 2685

Dear Sir:

Transmitted herewith for filing is a Response to Office Action in the above-identified application.  
In addition, the following documents are enclosed:

1. ☐ A Request for a THREE (3) Month Extension of Time is hereby requested.
2. ☐ Information Disclosure Statement (IDS):
  - a. ☐ PTO-1449
  - b. ☐ Copies of IDS Citations (number of citations:)
3. ☐ Change of Attorney's Address in Application.
4. ☐ Other:

CLAIMS	(a) Number Remaining After Amendment	(b) Highest Number Previously Paid For	(c) Extra Claims	Large Entity Fee	Fee Paid
Total*	15	32	0	x \$18 =	\$0
Independent**	3	7	0	x \$84 =	\$0
Multiple Dependent Claim(s): <input type="checkbox"/> Yes <input type="checkbox"/> No				\$270	\$
EXTENSION FEES			<input type="checkbox"/> One Month	\$110	\$
			<input type="checkbox"/> Two Months	\$400	\$
			<input type="checkbox"/> Three Months	\$920	\$0
INFORMATION DISCLOSURE STATEMENT			<input type="checkbox"/> After First Office Action	\$240	\$
			<input type="checkbox"/> After Final Office Action	\$130	\$
TERMINAL DISCLAIMER				\$110	\$
				TOTAL FEE	\$0

\*If the number in column a is less than 20, enter 0 in column c.

\*\*If the number in column a is less than 3, enter 0 in column c.

5. ☐ Fee check in the amount of \$\_\_\_\_\_ is enclosed to pay for any claim and/or extension fees.
6. ☐ Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$0  
The Commissioner is hereby authorized to charge payment of any additional fees which may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing.
7. ☒ The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization.

Date: March 11, 2004

Signature: Kevin T. Cheatham, Reg. No. 48,766  
(858) 845-8450QUALCOMM Incorporated  
Attn: Patent Department  
5775 Morehouse Drive  
San Diego, California 92121-1714  
Telephone: (858) 845-8450  
Facsimile: (858) 845-5075

(TRANSAMD.VER. 7-9/25/2000)

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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of:  
Charles J. Persico

For: GENERATING LOCAL  
OSCILLATOR SIGNALS FOR DOWN  
CONVERSION

Serial No.: 10/027,638

Filed: December 21, 2001

Group Art Unit: 2685

AMENDMENT

Commissioner of Patents  
P.O. BOX 1450  
Alexandria, VA 22313

Examiner: THUAN T. NGUYEN

Dear Sir:

This is in response to the Office Action of February 11, 2002.

**CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))**

I hereby certify that this correspondence is, on the date shown below, being:

MAILING

☐ deposited with the United States Postal Service  
with sufficient postage as first class mail, in an  
envelope addressed to Commissioner of Patents,  
P.O. BOX 1450, Alexandria, VA 22202

Depositor's Name: \_\_\_\_\_  
(type or print name)

Date: March 11, 2004

FACSIMILE

☒ transmitted by facsimile to the Patent and  
Trademark Office.

Depositor's Name: Darja D. Kashele  
(type or print name)

Signature: \_\_\_\_\_